

Permission to Give Non-Prescription Medication At School
(one form to be completed per each medication)

GFW School Health Office

Note: Whenever possible, medications should be given at home and every effort should be made to avoid school hours.

Please complete this form if your child needs to receive medication while in school.

To be completed by parent or guardian:

I request that my child, _____, in grade _____ receive the medication listed below. The medication will be furnished by me, in the original bottle/container. I understand that the school district is providing a service and does not assume any responsibility for this service. I also understand that the school nurse will supervise the administration of the medication, although the school nurse will not necessarily administer the medication. I realize that if my child has a medication change, I will need to get a new doctor's order and sign a new consent form.

Signature of Parent/Guardian

Date

To be completed by parent: I request that my child receive the following medication (please print):

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____

Route: _____ Dosage: _____

Frequency: _____ Time(s) of Administration: _____

Start Date: _____ End Date: _____

Restrictions/Side Effects: _____ None Anticipated
_____ Yes, Please Describe: _____

Signature of Parent

Date